

PERMANENT INTERMITTENT EMPLOYEES, PROVISIONAL EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK LESS
THAN 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2017 TOTAL MONTHLY PREMIUM	2017 LIFE INSURANCE PREMIUM	2017 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$717.57	\$1.25	\$718.82
Employee & 1	\$1,435.13	\$1.25	\$1,436.38
Employee & 2 or more dependents on Basic Plan	\$2,152.71	\$1.25	\$2,153.96
CONTRA COSTA HEALTH PLAN - BASIC PLAN B *			
Employee on Basic Plan	\$795.44	\$1.25	\$796.69
Employee & 1	\$1,590.88	\$1.25	\$1,592.13
Employee & 2 or more dependents on Basic Plan	\$2,386.32	\$1.25	\$2,387.57
KAISER PERMANENTE - BASIC PLAN A *			
Employee on Basic Plan	\$718.07	\$1.25	\$719.32
Employee & 1	\$1,436.14	\$1.25	\$1,437.39
Employee & 2 or more dependents on Basic Plan	\$2,154.21	\$1.25	\$2,155.46
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$570.73	\$1.25	\$571.98
Employee & 1	\$1,141.45	\$1.25	\$1,142.70
Employee & 2 or more dependents on Basic Plan	\$1,712.18	\$1.25	\$1,713.43
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$458.07	\$1.25	\$459.32
Employee & 1	\$916.14	\$1.25	\$917.39
Employee & 2 or more dependents on Basic Plan	\$1,374.21	\$1.25	\$1,375.46
HEALTH NET HMO PLAN - BASIC PLAN A *			
Employee on Basic Plan	\$1,292.89	\$1.25	\$1,294.14
Employee & 1	\$2,585.78	\$1.25	\$2,587.03
Employee & 2 or more dependents on Basic Plan	\$3,878.66	\$1.25	\$3,879.91
HEALTH NET HMO PLAN - BASIC PLAN B			
Employee on Basic Plan	\$899.05	\$1.25	\$900.30
Employee & 1	\$1,798.10	\$1.25	\$1,799.35
Employee & 2 or more dependents on Basic Plan	\$2,697.16	\$1.25	\$2,698.41
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN A			
Employee on PPO Basic Plan	\$1,712.92	\$1.25	\$1,714.17
Employee & 1	\$3,425.83	\$1.25	\$3,427.08
Employee & 2 or more dependents on Basic Plan	\$5,138.75	\$1.25	\$5,140.00
HEALTH NET CA & NAT'L PPO PLAN - BASIC PLAN B *			
Employee on PPO Basic Plan	\$1,542.05	\$1.25	\$1,543.30
Employee & 1	\$3,084.10	\$1.25	\$3,085.35
Employee & 2 or more dependents on Basic Plan	\$4,626.14	\$1.25	\$4,627.39
DELTA DENTAL PREMIER - \$1,800 Annual Maximum			
Employee	\$45.16	\$0.00	\$45.16
For CCHP Plans Employee + 1	\$102.00	\$0.00	\$102.00
Employee + 2 or more	\$102.00	\$0.00	\$102.00
Employee	\$45.16	\$0.00	\$45.16
For Health Net Plans Employee + 1	\$102.00	\$0.00	\$102.00
Employee + 2 or more	\$102.00	\$0.00	\$102.00
Employee	\$45.16	\$0.00	\$45.16
For Kaiser Permanente Plans Employee + 1	\$102.00	\$0.00	\$102.00
Employee + 2 or more	\$102.00	\$0.00	\$102.00
Employee	\$45.16	\$1.25	\$46.41
Without a Health Plan Employee + 1	\$102.00	\$1.25	\$103.25
Employee + 2 or more	\$102.00	\$1.25	\$103.25
DELTA CARE (PMI)			
Employee	\$29.06	\$0.00	\$29.06
For CCHP Plans Employee + 1	\$62.81	\$0.00	\$62.81
Employee + 2 or more	\$62.81	\$0.00	\$62.81
Employee	\$29.06	\$0.00	\$29.06
For Health Net Plans Employee + 1	\$62.81	\$0.00	\$62.81
Employee + 2 or more	\$62.81	\$0.00	\$62.81
Employee	\$29.06	\$0.00	\$29.06
For Kaiser Permanente Plans Employee + 1	\$62.81	\$0.00	\$62.81
Employee + 2 or more	\$62.81	\$0.00	\$62.81
Employee	\$29.06	\$1.25	\$30.31
Without a Health Plan Employee + 1	\$62.81	\$1.25	\$64.06
Employee + 2 or more	\$62.81	\$1.25	\$64.06